

**STATEMENT OF
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BEFORE THE
SENATE AGING COMMITTEE**

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Good afternoon Mr. Chairman and members of the committee, I am pleased to be here today to discuss how the Department of Veterans Affairs (VA) is addressing the mental health care needs of our Nation's veterans.

VA provides mental health services to veterans in all our patient care settings. General and geriatric mental health services are being integrated into primary care clinics, VA nursing homes, and residential care facilities where many veterans receive mental health care. Veterans with a serious mental illness are seen in specialized programs, such as mental health intensive case management, day centers, work programs and social rehabilitation. VA employs full and part time psychiatrists and full and part time psychologists who work in collaboration with social workers, mental health nurses, counselors, rehabilitation specialists, and other clinicians to provide a full continuum of care for mental health services for veterans.

We have seen returning veterans, from prior eras to the current Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflict, who have injuries of the mind and spirit as well as the body. From these veterans, we have learned that mental disorders can increase the risk for certain physical illnesses, and vice versa. Our goal is to treat a veteran as a whole patient—to treat a patient's physical illnesses as well as any mental disorders he or she may also be facing.

Post Traumatic Stress Disorder (PTSD) has been the focus of national interest as it relates to not only veterans of past combat service but also OEF/OIF veterans. VA provides a full range of services related to PTSD as well as other military-related readjustment problems, along with the treatment of the physical wounds of war in its continuum of health care programs. Our mental health services are provided at all VA medical facilities. This may include both inpatient and outpatient services and related services in the area of substance abuse.

Moreover, VA's Vet Centers also provide counseling and readjustment services to returning war veterans and, in some cases, their family members, in the community setting. These Vet Centers provide an alternative to traditional access for some veterans who may be reluctant to come to our medical centers and clinics. VA plans to expand its Vet Center Program. We will open 15 new Vet Centers and eight new Vet Center outstations at locations throughout the Nation by the end of 2008. Seven of the 23 new centers will open this Calendar Year 2007.

In addition, VA provides services for homeless veterans, including transitional housing paired with services to address social, vocational, and mental health problems associated with homelessness. Care for OEF/OIF veterans is among the highest priorities in VA's mental health care system. Since the start of OEF/OIF combat, 686,306 service members have been discharged and have become eligible for VA care. Of those, 229,015 (33 percent) have sought VA medical care. Among those returning veterans, mental health problems are the second most commonly reported health concerns, with almost 37 percent (83,889) reporting symptoms suggesting a possible mental health diagnosis. The diagnosis of PTSD topped the list for possible mental health diagnoses along with problem drinking, use of drugs without addiction and, and Depressive Disorders.

VA's data show that the proportion of new veterans seeking VA care who have a possible mental health problem has increased slightly over the past two years. For example, the proportion with possible mental health problems at the end of FY 2005 was 31 percent, compared to 37 percent in the most recent report, released in April, 2007. PTSD diagnoses during this same time frame went from 13 percent to 17

percent. Possible explanations of this increase include extended deployments, more difficult combat circumstances, effective screening and outreach efforts, and the positive impact of efforts to destigmatize seeking mental health services. VA follows this closely and is devoting increased resources to serve these mental health needs.

Funding resources are currently available for a VA Mental Health Initiative that supports implementation of our comprehensive Mental Health Strategic Plan that is based on the President's New Freedom Commission on Mental Health. The plan recognizes, as part of its broad vision for enhancement of mental health care, that the ongoing war efforts necessitate special attention to the needs of OEF/OIF veterans. Using Mental Health Initiative funding, we have improved capacity and access. These funds have resulted in the hiring of over 3,000 new mental health professionals to date. We have expanded mental health services in Community Based Outpatient Clinics (CBOC), with on-site staffing or by telemental health.

We have enhanced PTSD, homelessness, and substance abuse specialty care services, and programs that recognize the common co-occurrence of these problems. We are fostering integration of mental health and primary care in medical facility clinics and in the care of home-bound veterans served by VA's Home Based Primary Care program. We have mental health staff well integrated in polytrauma care sites. At Secretary Nicholson's direction, we have increased the number of staff in our Vet Centers by establishing outreach counselors, many of whom are Global War on Terror veterans, themselves. We are also expanding the number of Vet Centers over the next two years.

Very importantly, focusing on concerns about suicide in veterans, we have funded a Suicide Prevention coordinator in every VA medical facility. A national hotline for suicide prevention will soon be available. VA staff has been educated about this valuable tool and how veterans can access it. In addition VA sponsored its first Suicide Prevention Awareness Day, which included every VA facility. This is to be an annual event.

VA continues to promote early recognition of mental health problems, with the goal of making evidence-based treatments available early. Veterans are routinely screened in Primary Care for PTSD, depression, substance abuse, Traumatic Brain Injury, and Military Sexual Trauma. When there is a positive screen, patients are further evaluated and, when indicated, referred to a mental health provider for follow-up. Screening for this array of mental health problems helps support effective identification of veterans needing mental health services, and it promotes our suicide prevention efforts, a major priority for VA. Our goal is to make the point that in VA, suicide prevention is everyone's business—not just that of our mental health providers—everyone who comes into contact with our veterans and their families plays an important part.

VA will continue to monitor and address the mental health needs of our Nation's veterans through progressive, state-of-the-art programs. VA is approaching the mental health needs of veterans with an orientation that is designed to promote an optimal level of social and occupational function and participation in family and community life for our veterans.

Thank you again Mr. Chairman for having me here today. I will answer any questions that you or other members may have.